

# **SUFFOLK COUNTY DEPARTMENT OF LABOR – *LIVING WAGE* UNIT**

## **DETERMINATION OF NON-COMPLIANCE WITH *LIVING WAGE* REGULATIONS**

Living Wage Law, Suffolk County Code, Chapter 347 (2001)

To Be Completed by Living Wage Unit

**TO:** \_\_\_\_\_ (Covered Employer) **DATE:** \_\_\_\_\_

You are hereby notified of the following violation of *Living Wage* regulations:

- |       |   |                                    |
|-------|---|------------------------------------|
| _____ | <b>Covered Employees' wage not consistent with the Law.</b>                       | (Chapter 347-3B, E & F)            |
| _____ | <b>Covered Employees' health benefits not consistent with the Law.</b>            | (Chapter 347-3C)                   |
| _____ | <b>Covered Employees' compensated days off not consistent with the Law.</b>       | (Chapter 347-3H)                   |
| _____ | <b>Notification of benefits to Covered Employees not consistent with the Law.</b> | (Chapter 347-7D & F)               |
| _____ | <b>Subcontractor compliance not consistent with the Law.</b>                      | (Chapter 347-7B)                   |
| _____ | <b>Reporting and record keeping not consistent with the Law.</b>                  | (Chapter 347-3G 1,2 &3 and 347-7C) |
| _____ | <b>Other: See attached report.</b>  |                                    |

The accompanying report lists the details of the violation(s).

You have the right to appeal any decision made with respect to the *Living Wage* requirements, including your coverage under that Law. Appeal forms (***Notice of Appeal***) and instructions are available from the *Living Wage* Unit of the Suffolk County Department of Labor and must be filed with them within seven (7) days of receiving this written notice.

The Suffolk County Website ([www.co.suffolk.ny.us/labor](http://www.co.suffolk.ny.us/labor)) contains a link to the full text of the *Living Wage* Law, as well as Frequently Asked Questions and downloadable forms.

**Per the *Living Wage* Law (Local Law #12-2001), should the reported violation(s) continue and/or no resolution is imminent, the County will pursue all available legal remedies. The expected compliance date for reported violation(s) is \_\_\_\_\_.**

cc: Awarding Agency

Suffolk County Department of Labor  
Living Wage Unit

LW-12

**REPORT OF *LIVING WAGE* VIOLATION**

EMPLOYER	_____	DATE	_____
ADDRESS	_____		
	_____		
CONTACT	_____	WORKSITE	_____

**DETAILS OF VIOLATION**


\_\_\_\_\_  
Signature